MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) · CLAIMS AFTER THE AMENDMENT AS FILED DEP. BID. IND. DEP. IND. DEP. MD, . DEF. 7. 8. : . 18 -25 · \$8 . 1 97. TOTAL TOTAL

MAY 25 UND FOR ADDITIONAL GLAIM OR ANDROSOMS